

Recipient Committee
Campaign Statement
Cover Page

COVER PAGE

CALIFORNIA
FORM 460

Page 1 of 9
For Official Use Only

SEE INSTRUCTIONS ON REVERSE

| | |
|---|--|
| Statement covers period from 9/20/2020 through 10/17/2020 | Date of election if applicable: (Month, Day, Year) 11/3/2020 |
|---|--|

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

- | | |
|---|--|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee <input type="checkbox"/> State Candidate Election Committee <input type="checkbox"/> Recall <small>(Also Complete Part 5)</small> | <input type="checkbox"/> Primarily Formed Ballot Measure Committee <input type="checkbox"/> Controlled <input type="checkbox"/> Sponsored <small>(Also Complete Part 6)</small> |
| <input type="checkbox"/> General Purpose Committee <input type="checkbox"/> Sponsored <input type="checkbox"/> Small Contributor Committee <input type="checkbox"/> Political Party/Central Committee | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee <small>(Also Complete Part 7)</small> |

2. Type of Statement:

- | | |
|--|--|
| <input checked="" type="checkbox"/> Preelection Statement <input type="checkbox"/> Semi-annual Statement <input type="checkbox"/> Termination Statement <small>(Also file a Form 410 Termination)</small> <input type="checkbox"/> Amendment (Explain below) | <input type="checkbox"/> Quarterly Statement <input type="checkbox"/> Special Odd-Year Report |
|--|--|

3. Committee Information

I.D. NUMBER
1420087

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Re-elect Davina Hurt for Belmont City Council 2020

STREET ADDRESS (NO P.O. BOX)

| | | | |
|---------|-------|----------|-----------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| Belmont | CA | 94002 | 415 555 1234 |

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

| | | | |
|------|-------|----------|-----------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|------|-------|----------|-----------------|

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

John Violet

MAILING ADDRESS

| | | | |
|---------|-------|----------|-----------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| Belmont | CA | 94002 | |

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

| | | | |
|------|-------|----------|-----------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|------|-------|----------|-----------------|

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 10/22/2020

Executed on 10.22.2020

Executed on _____

Executed on _____

By _____
Signature of Treasurer or Assistant Treasurer

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Recipient Committee
Campaign Statement
Cover Page — Part 2

COVER PAGE - PART 2

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Davina Hurt

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

Belmont City Council

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

Belmont CA 94002

Related Committees Not Included in this Statement: *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER

JURISDICTION

☐ SUPPORT
☐ OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

7. Primarily Formed Candidate/Officeholder Committee *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period
from 9/20/2020
through 10/17/2020

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FORM **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Davina Hurt

I.D. NUMBER

1420087

Contributions Received

| | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|--|--|--|
| 1. Monetary Contributions..... Schedule A, Line 3 | \$ 4850.00 | \$ 13844.00 |
| 2. Loans Received..... Schedule B, Line 3 | 0.00 | 500.00 |
| 3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1 + 2 | \$ 4850.00 | \$ 14344.00 |
| 4. Nonmonetary Contributions..... Schedule C, Line 3 | 0.00 | 0.00 |
| 5. TOTAL CONTRIBUTIONS RECEIVED.....Add Lines 3 + 4 | \$ 4850.00 | \$ 14344.00 |

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

| | 1/1 through 6/30 | 7/1 to Date |
|----------------------------|------------------|-------------|
| 20. Contributions Received | \$ | \$ |
| 21. Expenditures Made | \$ | \$ |

Expenditures Made

| | | |
|--|------------|------------|
| 6. Payments Made..... Schedule E, Line 4 | \$ 5607.38 | \$ 7325.52 |
| 7. Loans Made..... Schedule H, Line 3 | 0.00 | 0.00 |
| 8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7 | \$ 5607.38 | \$ 7325.52 |
| 9. Accrued Expenses (Unpaid Bills)..... Schedule F, Line 3 | 0.00 | 0.00 |
| 10. Nonmonetary Adjustment..... Schedule C, Line 3 | 0.00 | 0.00 |
| 11. TOTAL EXPENDITURES MADE.....Add Lines 8 + 9 + 10 | \$ 5607.38 | \$ 7325.52 |

Expenditure Limit Summary for State Candidates

| 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) | |
|--|---------------|
| Date of Election (mm/dd/yy) | Total to Date |
| ____/____/____ | \$ |
| ____/____/____ | \$ |

Current Cash Statement

| | |
|---|------------|
| 12. Beginning Cash Balance..... Previous Summary Page, Line 16 | \$ 7775.86 |
| 13. Cash Receipts..... Column A, Line 3 above | 4850.00 |
| 14. Miscellaneous Increases to Cash..... Schedule I, Line 4 | 0.00 |
| 15. Cash Payments..... Column A, Line 8 above | 5607.38 |
| 16. ENDING CASH BALANCE.....Add Lines 12 + 13 + 14, then subtract Line 15 | \$ 7018.48 |

If this is a termination statement, Line 16 must be zero.

| | |
|--|---------|
| 17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2 | \$ 0.00 |
|--|---------|

Cash Equivalents and Outstanding Debts

| | |
|--|----|
| 18. Cash Equivalents..... See instructions on reverse | \$ |
| 19. Outstanding Debts..... Add Line 2 + Line 9 in Column B above | \$ |

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

*Amounts in this section may be different from amounts reported in Column B.

Schedule A Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period

from 9/20/2020

through 10/17/2020

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Davina Hurt

I.D. NUMBER

1420087

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|---------------|--|---|---|-----------------------------|--|---------------------------------------|
| 9/20/2020 | California Real Estate PAC 515 Figueroa St, Ste 1110 Los Angeles, CA 90071 | <input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Political Action Comm ID #890106 | 500.00 | 500.00 | |
| 9/22/2020 | Sam Leinbach 7 Belmont, CA 94002 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Not Employed | 100.00 | 100.00 | |
| 9/24/2020 | Tim Hoffman 1 Belmont, CA 94002 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Consultant/Mngng Mbr Crossfield Assoc, LLC | 100.00 | 100.00 | |
| 9/25/2020 | Northern Calif Carpenters Regional Council 265 Hegenberger Road, Suite 200 Oakland, CA 94621 | <input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Small Contributor Comm ID #972104 | 500.00 | 500.00 | |
| 9/30/2020 | John Violet Belmont, CA 94002 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Trustee Doelger Trusts | 250.00 | 250.00 | |

SUBTOTAL \$ 1450.00

Schedule A Summary

1. Amount received this period – itemized monetary contributions.

(Include all Schedule A subtotals.) \$ 4550.00

2. Amount received this period – unitemized monetary contributions of less than \$100 \$ 300.00

3. Total monetary contributions received this period.

(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)..... **TOTAL \$ 4850.00**

*Contributor Codes

IND – Individual

COM – Recipient Committee
(other than PTY or SCC)

OTH – Other (e.g., business entity)

PTY – Political Party

SCC – Small Contributor Committee

FPPC Form 460 (Jan/2016))

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov

Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

| | |
|---|----------------------------|
| Statement covers period from <u>9/20/2020</u> through <u>10/17/2020</u> | CALIFORNIA FORM 460 |
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NAME OF FILER

Davina Hurt

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|----------------------------|---|---|---|-----------------------------|---|---------------------------------------|
| 9/30/2020 | Robin Bennett Belmont, Ca 94002 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Attorney Sheppard Mullin Richter & Hampton | 100.00 | 100.00 | |
| 10/1/2020 | DRIVE Committee 25 Louisiana Avenue NW Washington, DC 20001-2198 | <input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | FEC ID# C00032979 | 500.00 | 500.00 | |
| 10/2/2020 | Craig Michaels 151 Belmont, CA 94002 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Marketing Apple | 100.00 | 100.00 | |
| 10/2/2020 | Brian Bishop 2 Belmont, CA 94002 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Manager Apple | 200.00 | 200.00 | |
| 10/2/2020 | Rand Wacker 15 Belmont, CA 94002 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Marketing Box | 100.00 | 100.00 | |
| SUBTOTAL \$ 1000.00 | | | | | | |

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IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

| | |
|---|----------------------------|
| Statement covers period from <u>9/20/2020</u> through <u>10/17/2020</u> | CALIFORNIA FORM 460 |
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NAME OF FILER

Davina Hurt

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|---------------------------|---|---|---|-----------------------------|---|---------------------------------------|
| 10/3/2020 | Amy Goldfarb Belmont, CA 94002 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Commercial Real Estate TDA Investment Group | 100.00 | 100.00 | |
| 10/7/2020 | Kevin Sullivan Belmont, CA 94002 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Not Employed | 100.00 | 100.00 | |
| 10/9/2020 | Timothy Robertson Belmont, CA 94002 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Not Employed | 100.00 | 100.00 | |
| 10/9/2020 | Jacki Rigoni Belmont, CA 94002 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Education Specialist Ocean Grove Charter | 500.00 | 500.00 | |
| 10/9/2020 | Lisa Betts-LaCroix Belmont, CA 94002 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Not Employed | 100.00 | 100.00 | |
| SUBTOTAL \$ 900.00 | | | | | | |

*Contributor Codes
IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

| | | |
|---|--|----------------------------|
| Statement covers period from <u>9/20/2020</u> through <u>10/17/2020</u> | | CALIFORNIA FORM 460 |
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| NAME OF FILER Davina Hurt | | I.D. NUMBER 1420087 |

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|----------------------------|---|---|---|-----------------------------|---|---------------------------------------|
| 10/13/2020 | AFSCME AFL-CIO Local 829 1301 Shoreway Rd, Suite 155 Belmont, CA 94002 | <input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | AFSCME 829 PAC ID #841864 | 500.00 | 500.00 | |
| 10/14/2020 | Becker For Senate 2020 20 Galli Drive, Ste A Novato, CA 94949 | <input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | FPPC ID #1409764 | 250.00 | 250.00 | |
| 10/14/2020 | Debra Lesch 1 High Avenue Belmont, CA 94002 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Teacher East Side Union HS District | 100.00 | 100.00 | |
| 9/28/2020 | Kevin Mullin for Assembly 2020 20 Park Road, Suite E Burlingame, CA 94010 | <input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | FPPC ID #1414186 | 250.00 | 250.00 | |
| 9/30/2020 | Belinda C. Hoodye E. Palo Alto, CA 94303 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Not Employed | 100.00 | 100.00 | |
| SUBTOTAL \$ 1200.00 | | | | | | |

*Contributor Codes
IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

Schedule B – Part 1 Loans Received

Amounts may be rounded
to whole dollars.

SCHEDULE B - PART 1

Statement covers period

from 9/20/2020

through 10/17/2020

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Davina Hurt

I.D. NUMBER

1420087

| FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | (a) OUTSTANDING BALANCE BEGINNING THIS PERIOD | (b) AMOUNT RECEIVED THIS PERIOD | (c) AMOUNT PAID OR FORGIVEN THIS PERIOD* | (d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD | (e) INTEREST PAID THIS PERIOD | (f) ORIGINAL AMOUNT OF LOAN | (g) CUMULATIVE CONTRIBUTIONS TO DATE |
|--|---|---|--|--|---|--|---|---|
| Davina Hurt 200 LIVE OAK TRAIL Belmont, CA 94002 † <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Attorney Self Employed | \$ 500.00 | \$ 0.00 | <input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00 | \$ 500.00 DATE DUE | 0.0% RATE \$ 0.00 | \$ 500.00 6/30/2020 DATE INCURRED | CALENDAR YEAR \$ PER ELECTION** \$ |
| † <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$ | \$ | <input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN \$ | \$ DATE DUE | % RATE \$ | \$ DATE INCURRED | CALENDAR YEAR \$ PER ELECTION** \$ |
| † <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$ | \$ | <input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN \$ | \$ DATE DUE | % RATE \$ | \$ DATE INCURRED | CALENDAR YEAR \$ PER ELECTION** \$ |
| SUBTOTALS | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 500.00 | \$ 0.00 | | |

(Enter (e) on Schedule E, Line 3)

Schedule B Summary

- Loans received this period \$ 0.00
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period \$ 0.00
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (**Subtract** Line 2 from Line 1.) **NET** \$ 0.00
Enter the net here and on the Summary Page, Column A, Line 2.

(May be a negative number)

†Contributor Codes
IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

*Amounts forgiven or paid by another party also must be reported on Schedule A.

** If required.

Schedule E Payments Made

Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period
from 9/20/2020
through 10/17/2020

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SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Davina Hurt

I.D. NUMBER
1420087

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, e-mail) |

| NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| Pacific Printing 1445 Monterey Rd - San Jose, CA 95110 | LIT | | Mailer Printing | 4958.04 |
| Pacific Printing 1445 Monterey Rd - San Jose, CA 95110 | CMP | | Campaign Signs | 533.00 |
| | | | | |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 5491.04

Schedule E Summary

| | |
|--|-------------------------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.) | \$ 5491.04 |
| 2. Unitemized payments made this period of under \$100 | \$ 116.34 |
| 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) | \$ 0.00 |
| 4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) | TOTAL \$ 5607.38 |